

HOPATCONG HIGH SCHOOL  
ATHLETIC DEPARTMENT

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# RENEWAL FORM

Dear Parent/Guardian:

Step 1 – PLEASE COMPLETE

Please fill out and return **ALL** completed forms within this packet to the Main Office in order to be processed by the school nurse and athletic office.

Step 2 – READ ONLY (DO NOT PRINT THESE FORMS)

Please read:

- NJSIAA Covid-19 Protocol
- NJSIAA Concussion Policy
- Hopatcong BOE Concussion Policy
- HHS Concussion Protocol
- Hopatcong BOE Random Drug Testing Policy
- NJSIAA Steroid Testing Policy
- Sudden Cardiac Death in Young Athletes Information
- Sports-Related Eye Injuries Information
- Opioid Use and Misuse Information

By signing below, I acknowledge I have completed, read, and understand all information stated in Step 1 and Step 2 above.

\_\_\_\_\_  
Print Student/Athlete Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Print Parent Name

\_\_\_\_\_  
Date

Update: 11/2/20

Last Physical Date \_\_\_\_\_

Nurse \_\_\_\_\_  
Guidance \_\_\_\_\_ # \_\_\_\_\_  
AD \_\_\_\_\_

**HOPATCONG HIGH SCHOOL  
ATHLETIC PARTICIPATION FORM / UPDATE**

ATHLETE'S NAME: \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

I hereby consent for my child to compete in \_\_\_\_\_ for the 20\_\_ season.  
**SPORT**

I give my permission for him / her to practice, play, and travel as a member of this team. I realize that such activities involve the potential of injury. I acknowledge that even with the best coaching, the most advanced protection equipment, and strict observation of rules, injuries can be severe.

I also realize that when medical attention is necessary, the Hopatcong Board of Education insurance may only pay for the portion not covered by my insurance company. ("In Excess Policy")

My insurance company is \_\_\_\_\_

Policy Number: \_\_\_\_\_

If, for some reason, I lose my insurance coverage, I will notify the school at once in writing of this loss of coverage.

My son / daughter has had the following medical problems since his / her last physical.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

(Parent / Guardian)

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

I understand that in order to participate in \_\_\_\_\_ I must:  
**SPORT**

1. Have passed a comprehensive medical examination given by the school's physician or my family doctor.
2. Have on file with the School Nurse written proof of this medical examination.
3. Have read the Hopatcong Athletic Handbook and will abide by all rules and regulations explained in the handbook.
4. Be academically eligible in accordance with Hopatcong High School and State regulations (refer to Handbook).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

**New Jersey Department of Education  
Health History Update Questionnaire**

Name of School: \_\_\_\_\_

To participate on a school-sponsored interscholastic or intramural athletic team or squad, each student whose physical examination was completed more than 90 days prior to the first day of official practice shall provide a health history update questionnaire completed and signed by the student's parent or guardian.

Student: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Last Physical Examination: \_\_\_\_\_ Sport: \_\_\_\_\_

**Since the last pre-participation physical examination, has your son/daughter:**

1. Been medically advised not to participate in a sport? Yes  No

If yes, describe in detail: \_\_\_\_\_

2. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes  No

If yes, explain in detail: \_\_\_\_\_

3. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes  No

If yes, describe in detail: \_\_\_\_\_

4. Fainted or "blacked out?" Yes  No

If yes, was this during or immediately after exercise? \_\_\_\_\_

5. Experienced chest pains, shortness of breath or "racing heart?" Yes  No

If yes, explain \_\_\_\_\_

6. Has there been a recent history of fatigue and unusual tiredness? Yes  No

7. Been hospitalized or had to go to the emergency room? Yes  No

If yes, explain in detail \_\_\_\_\_

8. Since the last physical examination, has there been a sudden death in the family or has any member of the family under age 50 had a heart attack or "heart trouble?" Yes  No

9. Started or stopped taking any over-the-counter or prescribed medications? Yes  No

10. Been diagnosed with Coronavirus (COVID-19)? Yes  No

If diagnosed with Coronavirus (COVID-19), was your son/daughter symptomatic? Yes  No

If diagnosed with Coronavirus (COVID-19), was your son/daughter hospitalized? Yes  No

11. Has any member of the student-athlete's household been diagnosed with Coronavirus (COVID-19)? Yes  No

Date: \_\_\_\_\_ Signature of parent/guardian: \_\_\_\_\_

HOPATCONG HIGH SCHOOL  
Hopatcong, New Jersey

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TO: Parents/Guardians of Students Representing Hopatcong High School in  
Athletics/Activity Programs

It is exceedingly difficult to obtain medical services for students injured when competing without first obtaining written parental/guardian consent. So that proper emergency assistance may be provided, we ask that you review the following statement, sign it, and return it to the faculty member in charge. It should be understood that if this form is not signed by the parent/guardian, in the event medical attention/hospitalization is necessary, the faculty member or designee shall attempt to locate the parent/guardian and, absent an emergency, treatment may not be rendered.

I hereby authorize the Hopatcong Borough School District and its faculty members in charge of my child named below, to obtain all necessary medical care for my child, and I hereby authorize my licensed physician and/or medical personnel to render all necessary medical treatment to my child.

\_\_\_\_\_  
(Student's Name) (Parent/Guardian Signature) (Date)

Family Doctor \_\_\_\_\_

Doctor's Phone # \_\_\_\_\_

Parent's Phone # \_\_\_\_\_ Alternate # \_\_\_\_\_

This student's allergies, medical problems, or medications are:

\_\_\_\_\_

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This is a voluntary form. The parent/guardian does not have to complete this form in order for the student to participate.



Hopatcong Borough Schools  
2A Windsor Avenue, PO Box 1029  
Hopatcong, NJ 07843

973-398-8803  
973-398-9048 (FAX)  
[www.hopatcongschools.org](http://www.hopatcongschools.org)

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### Consent to Participate in Random Testing for Student Alcohol or Other Drug Use Program

\_\_\_\_\_  
(Student's Name – Please Print)

\_\_\_\_\_  
(Grade Level)

We hereby consent to permit the above-named student to participate in the Random Testing for Student Alcohol or Other Drug Use Program as approved by the Hopatcong School District. In issuing consent, we permit the student above-named to undergo random urinalysis and/or saliva testing for the presence of alcohol or other drugs as outlined in District policy.

We understand that a qualified vendor will oversee the collection process.

We understand that any urine and/or saliva will be sent only to a certified laboratory for testing and that the samples will be coded to provide confidentiality.

We hereby give consent to the vendor selected by the Hopatcong School District to perform urinalysis and/or saliva testing for the presence of alcohol or other drugs as named in District policy.

We further give permission to the vendor selected by the Hopatcong School District to release all results of these tests to the Medical Review Officer working for the vendor. We understand these results will be forwarded to the Building Principal and will also be made available to us.

We understand that this consent agreement will be in effect for a period of twelve months from the date listed below.

We understand that the analysis of the specimen conducted will include the following substances and be based on the following levels:

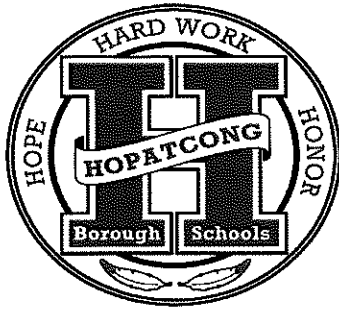
<b>SUBSTANCE</b>	<b>SCREEN/INITIAL LEVEL</b>	<b>CONFIRMATION LEVEL</b>
AMPHETAMINES (CLASS)	500 ng/ml	250 ng/ml
ECSTASY SCREEN	500 ng/ml	250 ng/ml
COCAINE METABOLITES	150 ng/ml	100 ng/ml
MARIJUANA METABOLITE	20 ng/ml	15 ng/ml
OPIATES	300 ng/ml	300 ng/ml
PCP	25 ng/ml	25 ng/ml
BARBITURATES	300 ng/ml	300 ng/ml
BENZODIAZEPINES	300 ng/ml	300 ng/ml
METHADONE	300 ng/ml	300 ng/ml
PROPOXYPHENE	300 ng/ml	300 ng/ml
OXYCODONE/OXYMORPHONE	100 ng/ml	100 ng/ml
ALCOHOL, URINE	0.02 ng/ml	0.02 ng/ml

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_



# HOPATCONG BOROUGH SCHOOLS

HOPATCONG HIGH SCHOOL

PO BOX 1029

HOPATCONG, NEW JERSEY 07843

(973) 398-8803

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STEPHANIE MARTINEZ  
PRINCIPAL

## Use and Misuse of Opioid Drugs Fact Sheet

### Student-Athlete and Parent/Guardian Sign-Off

In accordance with *N.J.S.A. 18A:40-41.10*, public school districts, approved private schools for students with disabilities, and nonpublic schools participating in an interscholastic sports program must distribute this *Opioid Use and Misuse Educational Fact Sheet* to all student-athletes and cheerleaders. In addition, schools and districts must obtain a signed acknowledgement of receipt of the fact sheet from each student-athlete and cheerleader, and for students under age 18, the parent or guardian must also sign.

This sign-off sheet is due to the Main Office prior to the first official practice session of the athletic season and annually thereafter prior to the student-athlete's or cheerleader's first official practice of the school year.

Name of School: **Hopatcong High School**

Name of School District (if applicable): **Hopatcong Borough Schools**

I/We acknowledge that we received and reviewed the Educational Fact Sheet on the Use and Misuse of Opioid Drugs.

Student Signature: \_\_\_\_\_

Sport: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Signature: (also needed if student is under age 18): \_\_\_\_\_

Date: \_\_\_\_\_